

the payment of fees from any person to any other person by rebate, commission or in any other manner for any purpose, except professional services rendered, and they provide a perfectly clear method by which each and every physician rendering service may have his earned share of whatever funds are available for the purpose.

With these facts before the profession, there is nothing surprising in the growing resentment that is being expressed against any person or organization that condemns the proper division of fees in accordance with the expressed ethics. The actions of some few who have been attributing virtue to themselves by keeping the whole fee, where service has been rendered by more than one physician, under close analysis are found to be in violation of the letter and spirit of our published ethics and their policy open to the criticism of fundamental selfishness.

"EVANGELISTS" OF SORTS

This appears to be the season for evangelists (?) in California. Some of these sensational, notoriety seeking psychopaths ought to have the attention of our sane community service organizations. The charlatans of the past were usually both religion and health fakers, acrobatic in gesture, strong in voice, with little regard for the truth and often ignorant. History is repeating. Today, as yesterday, they practice medicine behind a cloak of false religion rather than with a license based upon education, and they play upon the prejudices, jealousies and shortcomings of the emotionally inclined persons who go to hear them. They always leave behind them an exhausted, disappointed group of "believers" and a lot of jealousies that are hardly healed before another of their kind appears to reopen the wounds.

It is difficult to understand how so many of these psychopaths get permission to operate their circuses under the cloak of religious denominations that we have all been taught from childhood to respect.

MONKEY TESTICLES AND "LOST MANHOOD"

Certain elements of the public press and a few physicians who have apparently traded their ideals and ethics for temporary public notoriety are out to restore the sexual powers of a lot of old men by the transplantation of monkeys' testicles. The next step in this circus type of research probably will be to use the ovaries of the female ring-tailed monkey to restore the sexual powers of jaded women. We are due to read a lot about "hormones" and a lot of other hypothetical substances before we see the last of this propaganda, unless the financial response from the public fails to warrant a continuance of the "experiments" and the advertising. It is interesting to speculate upon the future influence of the "monkeyized" group of our fellow citizens upon such important questions as reform in dress and the determination of parentages. Speculations regarding its effect upon posterity by these would-be youths we leave for consideration by eugenic societies.

AN ANATOMICAL STUDY OF EIGHT CASES OF DEGENERATION OF THE CORNEA.

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Under the title "Degeneration of the Cornea" we distinguish chiefly four forms—hyaline, calcareous, colloid, and amyloid. These degenerations have already been considered clinically and histologically by many authors, whose opinions regarding their origin and the mode of formation do not coincide. Moreover, the homogeneous, highly refractile, organic degenerative material, which appears clinically as yellow spots in the cornea, has been termed by different authors: colloid, hyaline, and amyloid, respectively.

I will first mention briefly the hitherto expressed important opinions of the origin and mode of formation of this material.

Degeneration of the cornea was first described by Baselin as amyloid, in an eye that was staphylomatous. He found in the superficial layers of the scar of the human cornea peculiar, highly refractive, organic masses of various shapes, not unlike those pictures which Goldzieher, Saemesch, Wedl and Bock described as colloid of the cornea, which, however, with a 2 per cent iodine solution gave the typical amyloid reaction. Baselin is of the opinion that the refractile masses are in no way related to cells of the epithelial layer, and when found in this situation have invaded the same from the stroma cornea below.

E. von Hippel arrived at the same conclusions regarding the amyloid reaction. He regarded the refractile masses as taking their origin from altered red blood cells.

Saemesch described in the epithelial layer and in the scar tissue of the cornea the appearance of rounded, drop-like and faceted cavities with thickened walls, formed by material which had a strong light-refracting capacity, which might be considered colloid bodies.

Goldzieher described in a scar staphyloma immense accumulations of colloid in the superficial layers of the cornea.

Wedl and Bock mentioned the appearance of colloid bodies in the cornea of eyes that showed nutritional changes.

Schiele considered the refractile masses were not of an amyloid nature, but were composed of glycogen.

Kamocki claimed the homogeneous, strongly refracting globules were hyaline in nature, from the manner in which they stained.

Baquis expressed the opinion that colloid and amyloid might have the same origin, or at least bore a close relationship. In his opinion the colloid material took its origin from the epithelial cells, or from the fluid circulating in the cornea.

Vossius considered the calcareous deposits were secondary to an inflammatory growth of the connective tissues, the refractile masses breaking through Bowman's membrane.

Sachs alber concluded that the refractile bodies were always extra cellular and primarily belonged to the cicatricial tissue, and when found in other parts of the cornea, they arrived there secondarily.

Birch Hirschfeld believed the refractile bodies